

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>10/048229</b>	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1				51				
2		1		1			52				
3		1		1			53				
4		1		1			54				
5		1		1			55				
6		1		1			56				
7		1		1			57				
8		7		7			58				
9		7		7			59				
10		1		1			60				
11		1		1			61				
12		2		2			62				
13		1		1			63				
14		1		1			64				
15		1		1			65				
16		1		1			66				
17		1		1			67				
18		1		1			68				
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43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	30		30				TOTAL IND.				
TOTAL DEP.		31		31			TOTAL DEP.				
TOTAL CLAIMS	31		31				TOTAL CLAIMS				

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